Name in Full

Certificate of Death

Rhoda Barnes

Died at Town Mt. View County Howard MARYLAND

Date 189 9 | Month Jan | Day 21 | Age Y. 84 M. D. yrs | Native of Md | Occupation Home duties

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~

Number of children living

~~Husband~~ Wife of Robert Day.

Father's Name John Barnes

Mother's Name Elizabeth Barnes

Cause of Death: Primary Old Age and 141

How long sick 17 days

Immediate General Debility

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Stephen Hilbinger

Address Undertaker Ellicott City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attended by Dr. none in Attendance

of —

Seen by Coroner —

of —

Information contained in this certificate, received from George Streaken

of Mt. View Howard Co. Md.

Name in Full

Certificate of Death

Charles E Brown

Died at Town: Woodstock County: Howard MARYLAND

Date 189 9 Month: Jan Day: 28 | Age Y. 46 M. yrs D. | Native of Md. | Occupation Farmer

~~Male~~ ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~ none

~~Husband~~ ~~Wife~~ of none

Father's Name Samuel Brown

Mother's Name Elizabeth Jenkins

Cause of Death: Primary Pneumonia 72 — How long sick 1 week.

Immediate

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Stephen Hellsingen

Address Undertaker Ellicott City.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attended by Dr. B. F. Shipley

of Alpha Md.

Seen by Coroner —

of —

Information contained in this certificate received from Major H. Brown

of Woodstock Md.

Name In Full

Certificate of Death

Sidney Brown

Died at Town Fulton County Howard MARYLAND

Date 189 Month / Day / Age Y. 88 M. D. Native of Occupation

~~Male~~ Female White ~~Colored~~ ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ Number of ~~children~~ living

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Progress 1-7

Address

Must be signed by physician, if any in ettendance, otherwise by coroner, underteker or minister.

LIBRARY BUREAU, 70808

Rev. Thos. L. Mackhio.

Name in Full

Certificate of Death

Margaret Jannett Buckwalter

Died at Town: Elkton County: Howard MARYLAND

Date 1899 Month: Jan Day: 13 | Age Y.: 93 M.: 11 D.: | Native of: South Carolina | Occupation: Housekeeper

~~Male~~ / Female | White / ~~Colored~~ | Married / ~~Single~~ | Widow / ~~Widower~~ | ~~Divorced~~ | Number of children living: None

~~Husband~~ / Wife of Abram Buckwalter

Father's Name: Mr. Robertson | Mother's Name: Margaret Robertson

Cause of Death — Primary: Grippe 9 | How long sick: 12 days

Immediate: Pneumonia | ~~Accident, Suicide, Homicide~~

Reported by William E. Hodges M.D.

Address Elkton Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Albert. Burgess

Died at Town: Pine Orchard County: Howard MARYLAND

Date 1899 Month: Jan. Day: 6. Age Y. M. D.: 5 yrs Native of: Md Occupation: none

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ ~~of~~ —

Father's Name: Austin Burgess Mother's Name: Martha Burgess

Cause of Death: Primary: Consumption How long sick: about 2 yrs.

Immediate: 22a ~~Accident~~, Suicide, ~~Homicide~~

Reported by: Stephen Hillsinger

Address: Ellicott City. Md. Undertaker.

OVER

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Seen by Coroner _____

of _____

Attended by Dr. R. L. Hammond

of Pine Orchard

Information contained in this certificate received from Austin Burgess

of Pine Orchard Md.

Name in Full John Dorsch

Certificate of Death

Died at Ellicott City (Town) Howard (County) MARYLAND

Date 1899 Month 1 Day 27 | Age Y. M. D. | Native of Germany | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living

~~Husband~~ ~~Wife~~ of Margret Dorsch

Father's Name

Mother's Name

Cause of Death: Primary La grippe 9 | How long sick

Immediate Asthenia | Accident, Suicide, Homicide

Reported by David H. Stultz M.D.

Address Catonsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 66868

Name in Full

Certificate of Death

Gaither (new born infant)

Died at Sykesville (Town) Howard (County) MARYLAND

Date 1899 Month Feb Day 29 | Age Y. M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ | Number of children living ~~—~~

Husband ~~—~~ of Wife ~~—~~

Father's Name Elias S Gaither

Mother's Name Fannie E Gaither

Cause of Death: Primary Asphyxia 15-6 (How long sick)

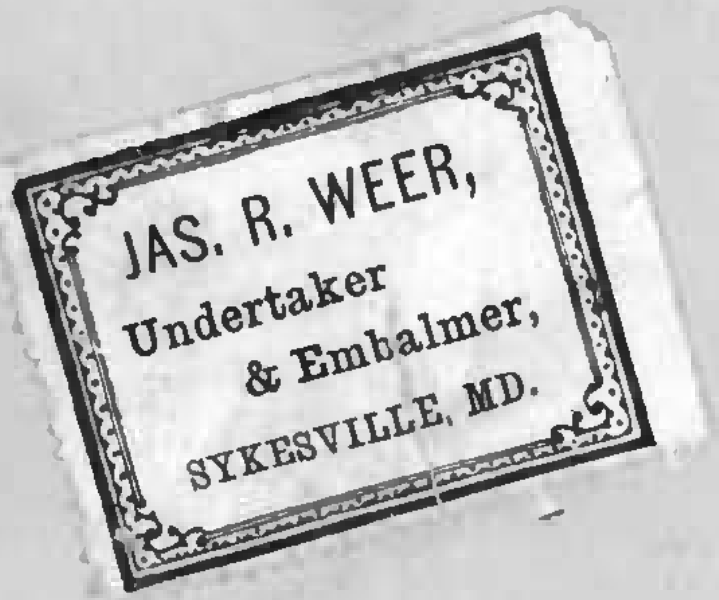
Immediate ~~—~~ (Accident, Suicide, Homicide)

Reported by Paul B Dyrecker

Address Sykesville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79700


JAS. R. WEER,
Undertaker
& Embalmer,
SYKESVILLE, MD.

Name in Full

Certificate of Death

Sarah A. Gaither

Died at Town: Clarksville County: Howard MARYLAND

Date 1899 Month: Jan. Day: 4 | Age Y. 79 M. yrs D. | Native of Md. | Occupation none

~~Male~~ Female | White | ~~Married~~ ~~Widowed~~ ~~Divorced~~ | ~~Colored~~ | Single ~~Widower~~ | Number of children living none

~~Husband~~ ~~Wife~~ of none.

Father's Name Greenberry Gaither | Mother's Name Catharine Gaither

Cause of Death: Primary La Grippe 9 | How long sick 2 weeks

Immediate

Accident, Suicide, Homicide

Reported by Stephen Gallagher

Address Undertaker Ellicott City.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 63964

Seen by Coroner none

of —

Attended by Dr. L. A. Nicholson

of Dayton Howard Co.

Information contained in this certificate received from George E Talbott

of Dayton Howard Co Ind

Name in Full

Certificate of Death

John E Garrett

Died at near Town Murriottsville County Howard MARYLAND

Date 1899 Month Jan. Day 18 | Age Y. 85 M. yrs D. | Native of Md. | Occupation Laborer

~~Male~~ ~~Female~~ | ~~White~~ Colored | Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living 2

Husband ~~Wife~~ of Ann Hall

Father's Name dont Know

Mother's Name dont Know

Cause of Death: Primary General Debility | 141 | How long sick 5 days

Immediate Paralysis.

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Stephen Hellenger

Address Undertaker Ellicott City

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79708

Attended by Dr. B. F. Shipley

of Alpha. Howard Co.

Seen by Coroner —

of —

mation obtained in this certificate re-

ceived from Cornelius Hall.

of Marriottsville.

Name in Full

Certificate of Death

Lawrence W. Hobbs

Died at Town Carrollsmanor County Howard MARYLAND

Date 1899 Month 1 Day 8 Age Y. 74 M. D. Native of Maryland Occupation Farmer

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 12

Husband of Wife

Father's Name

Mother's Name

Cause of Death Primary Pneumonia 72 How long sick 9 days

Immediate Heart failure ~~Accident, Suicide, Homicide~~

Reported by Thos B Owings

Address Ellicott City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55968

Name in Full

Certificate of Death

Michael Hogarthy

Died at Town Rochester County Howard MARYLAND

Date 189 9 Month 1 Day 17 | Age Y. 76 M. D. | Native of Ireland | Occupation Gardener

Male White ~~Married~~ ~~Widow~~ Divorced

~~Female~~ ~~Colored~~ Single Widower ~~Number of children living~~

Husband ~~Wife~~ of Unknown

Father's Name Unknown

Mother's Name Unknown

Cause of Death: Primary Bright Disease — How long sick 6 Days

Immediate La Grippe, 9 — ~~Accident, Suicide, Homicide~~

Reported by Dr. Thos. B. Owings.

Address Ellicott City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 66366

Name in Full | Certificate of Death

Octavia Hudson

Died at Town: Ellicott City County: Howard MARYLAND

Date 1899 Month: Jan Day: 30 Age Y. 64 M. D. Native of: Md Occupation: Seamstress

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband / Wife of ——

Father's Name: John Hudson Mother's Name: Ann C. Glenn

Cause of Death: Primary: Tuberculosis 22a How long sick: 2 years

Immediate: La Grippe, Heart failure ~~Accident, Suicide, Homicide~~

Reported by: Thos. B. Owings M.D.

Address: Ellicott City Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

dead born Johnson

Died at Ellicott City (Town) Howard (County) MARYLAND

Date 1899 Month Jan Day 22 | Age Y. none M. D. | Native of — | Occupation —

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ Number of children living

~~Husband~~ ~~Wife~~ of none

Father's Name Nicholas Johnson

Mother's Name Sarah Johnson

Cause of Death: Primary born dead Stillborn

Immediate

~~How long sick~~ none

Accident, Suicide, Homicide

Reported by Stephen Hillsinger

Address Undertaker Ellicott City.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attended by Dr. J. M. B. Rogers
of Ellicott City.

Seen by Coroner —
of —

Information contained in this certificate received from Nicholas Johnson
of Ellicott City Md.

Name in Full | Certificete of Death

Harrie Adolphus Johnson

Died at Town: Clarksville County: Howard MARYLAND

Date 1899 Month: Jan Day: 3 | Age Y. 3 M. — D. — | Native of: Maryland | Occupation: —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband / Wife of

Fether's Name: Adolphus Johnson | Mother's Name: Alice G Johnson

Cause of Death: Primary: Membranous Croup | How long sick

Immediate: 86 | Accident, Suicide, Homicide

Reported by: Milton H Easton

Address: Ellicott City

Must be signed by physician, if eny in ettendence, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attended by Dr. W. H. Cissel

of Clarksville

Seen by Coroner _____

of _____

Information contained in this certificate

ceived from _____

of _____

Name in Full

Certificate of Death

Robert Burns McElwany

Died at Town: Alberton County: Howard MARYLAND

Date 1899 Month: Jan Day: 29 Age Y. 35 M. D. Native of Md Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 4

Husband ~~Wife~~ of Ellen E. Engle

Father's Name John McElwany Mother's Name Rebecca Thompson

Cause of Death: Primary Pneumonia 72 How long sick 9 days

Immediate

~~Accident, Suicide, Homicide~~

Reported by J. Tussey Wallenmeyer

Address Alberton Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Elizabeth Abby Martin

Died at Town Ellicott City County Howard MARYLAND

Date 189 9 Month 1 Day 1 Age Y. 55 M. 10 D. 9 Native of Baltimore City Occupation housekeeper

~~Male~~ Female White ~~Colored~~ ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ ~~Number of children living~~

~~Husband~~ Wife of

Father's Name Isaac J. Martin Mother's Name Julianna Martin

Cause of Death: Primary Obstruction of stomach How long sick 5 weeks

Immediate Cancer 80 ~~Accident, Suicide, Homicide~~

Reported by Thos. B. Ovings M.D.

Address Ellicott City Howard Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Louisa Victoria Pearre

Died at Glenwood (Town) Howard (County) MARYLAND

Date 189 9 Month Jan. Day 4th Age Y. 22 M. 7 D. | Native of Glenwood | Occupation

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband or Wife Widow of Mr Oliver Pearre.

Father's Name William T. Dorsey. Mother's Name Elizabeth W. Dorsey.

Cause of Death: Primary Tuberculous enteritis 22 C | How long sick about 1 year

Immediate General emaciation | ~~Accident, Suicide, Homicide~~

Reported by J. W. Lacy, M D.

Address Lisbon Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85968

76

5-38

Name In Full

Certificate of Death

Annie B. M. Phillips

Town

Died at near Laurel County Howard MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
1	8					

Date 1899 Age

~~Male~~ Female White ~~Colored~~ ~~Married~~ ~~Single~~ Widow ~~Widower~~ ~~Divorced~~

Number of children living

~~Husband~~ Wife of Wm. A. Phillips

Father's Name

Mother's Name

1466

Cause of Death — Primary: Burned to Death

Immediate: Explosion of a lamp

How long sick

Accident, ~~Suicide, Homicide~~

Reported by Intelligence 1-11

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78808

Name in Full

Hannah Riley

Certificate of Death

Died at Alberton (Town) Howard (County) MARYLAND

Date 1899 Month Jan Day 8 | Age Y. 67 M. — D. | Native of Va. | Occupation Housewife

~~Male~~ Female | White | ~~Colored~~ | Married | ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 4

~~Husband~~ Wife of George W. Riley

Father's Name Elias Cooper | Mother's Name Margaret Gertrude Cooper

Cause of Death: Primary Bright's Disease 97 | How long sick Six Months

Immediate General Dropsy, Uremia. | ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Dr. Wm. B. Gambrill

Address Alberton, Howard Co., Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Charles Sehman

Certificate of Death

Died at near Town: Henryton P.O. County: Howard MARYLAND

Date 1899 Month: Jan Day: 18th Age Y. 72 M. 1 D. Native of: Germany Occupation: Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living 6

Husband ~~Wife~~ of Rosana Cromer

Father's Name

Mother's Name 97

Cause of Death: Primary Chronic Nephritis, Influenza How long sick last illness 6 weeks

Immediate General Debility ~~Accident, Suicide, Homicide~~

Reported by Benj Shipley M.D.

Address Alpha P.O. Howard Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65988

His subject has been ailing for
a long time, with heart trouble
& kidney affection, with all the
symptoms of arteriomalous degener-
ation & senile decay was taken
with Influenza 6 weeks ago. I saw
the man only twice during this last
illness, the last visit about
10 days ago

Benj Shaffer M D

Name in Full: Sarah Shipley

Certificate of Death

Died at: Town: near. Alpha County: Howard MARYLAND

Date 1899 Month Day: Jan 15 Age Y. M. D.: 76 yrs Native of: Md. Occupation: house duties

~~Male~~ White Married Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 7

~~Husband~~ Wife of: Columbus Shipley diseased

Father's Name: dont Know Mother's Name: dont Know

Cause of Death: Primary: General Debility 141 How long sick: 3 yrs

Immediate: ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: Stephen Hillsinger

Address: Undertaker Ellicott City Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attended by Dr. Webb

of West Friendship Howard Co. Md

Seen by Coroner —

of —

Information contained in this certificate received from Frank L Stipley

of Baltimore Md.

Name in Full Wm. Simon

Certificate of Death

Died at Town Howard Co. County MARYLAND

Date 1899 Month Jan Day 14 Age Y. 67 M. D. Native of Germany Occupation Tailor

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living 3

Husband ~~Wife~~ of Mary Stein.

Father's Name

Mother's Name

Cause of Death: Primary Paralysis 44 — How long sick 5 days

Immediate Paresis — Accident, Suicide, Homicide

Reported by ~~Frederick Gill~~ Thos B. Owings M.D.

Address Ellicott City Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Mary Thomas

Certificate of Death

Died at Jonestown (Town) Howard (County) MARYLAND

Date 1899 Month Jan Day 8

Age Y. 50(?) M. x D. x

Native of Va. Occupation Washerwoman

~~Male~~ Female ~~White~~ Colored Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living ?

~~Husband~~ Wife of Edward Thomas

Father's Name ?

Mother's Name ?

Cause of Death: Primary — Grippe (?) 9 — How long sick 4 days

Immediate — Pneumonia — ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Dr. Wm. B. Gambrill,

Address Alberton, Howard Co, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Ward

Died at Town: Savage County: Howard MARYLAND

Date 189 9 Month 1 Day 14 Age Y. M. D. 8 8 Native of Md Occupation —

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Geo. V. Ward

Mother's Name Jessie Ward

Cause of Death: Primary Influenza 9 — How long sick 7 days

Immediate Exhaustion — ~~Accident, Suicide, Homicide~~

Reported by F. W. Linthicum M.D.

Address Savage Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name in Full

Certificate of Death

Mary Washington

Died at Town: Jonestown County: Howard MARYLAND

Date 189 9 Month: Jan Day: 8 | Age Y. 30 M. D. yrs. | Native of Va. | Occupation house duties

~~Male~~ / Female | ~~White~~ / Colored | ~~Married~~ / ~~Single~~ / ~~Widow~~ / ~~Widower~~ / ~~Divorced~~ | Number of children living 3

~~Husband~~ / Wife of George Washington

Father's Name dont know | Mother's Name dont know

Cause of Death: Primary Pneumonia - 72 | How long sick 4 day's

Immediate | Accident, Suicide, Homicide

Reported by Stephen Hillsinger

Address Undertaker Ellicott City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attended by Dr. H B. Gambrill
of Alberton Md

Seen by Coroner —
of

Information contained in this certificate received from George Washington
of Jonestown Md.